

16805  
121103  
U.S.PTO

PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>170</u>] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets ]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration -unexecuted [Total pages <u>3</u>]       <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p>
<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>	

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	23913	<input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)	PAMELA C. ANCONA	Registration No. (Attorney/Agent)	41,494
Signature	<i>Pamela C. Ancona</i>	Date	12/11/03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27**Total Amount of Payment** Attorney Docket No.**METHOD OF PAYMENT (check all that apply)**
 Check  Credit Card  Money  Other  None  
Order
 Deposit Account:

Deposit Account Number	16-1445
Deposit Account Name	Pfizer Inc

**The Director is authorized to:** (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE****Large Entity      Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2203	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	filng fee	
<b>Subtotal (1)s</b>				<b>\$ 770</b>	

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	30	- 20** =	10	x	18	=	180	Extra Claims	Fee from below	Fee Paid
Independent Claims	1	- 3 =	0	x	0	=	0			
Multiple Dependent										

**Large Entity      Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent
<b>( \$ ) 180.00</b>				

\*\*or number previously paid, if greater; For Reissues, see above

<b>Complete if Known</b>									
Application Number			Not yet assigned						
Filing Date			Concurrent herewith						
First Named Inventor			JOHN CHARLES KATH						
Examiner Name			Not yet assigned						
Art Unit			Not yet assigned						
PC			PC25339A						
<b>FEE CALCULATION (continued)</b>									
<b>3. ADDITIONAL FEES</b>									
<b>Large Entity</b>		<b>Small Entity</b>		<b>Fee Description</b>					
Fee Code		Fee (\$)		Fee Code					
1051		130		2051					
1052		50		2052					
1053		130		1053					
1812		2,520		1812					
1804		920*		1804					
1805		1,840*		1805					
1251		110		2251					
1252		420		2252					
1253		950		2253					
1254		1,480		2254					
1255		2,010		2255					
1401		330		2401					
1402		330		2402					
1403		290		2403					
1451		1,510		1451					
1452		110		2452					
1453		1,330		2453					
1501		1,330		2501					
1502		480		2502					
1503		640		2503					
1460		130		1460					
1807		50		1807					
1806		180		1806					
8021		40		8021					
1809		770		2809					
1810		770		2810					
1801		770		2801					
1802		900		1802					
Other Fee (specify) _____									
*Reduced by Basic Filing Fee Paid									
<b>Subtotal (3)</b>									
<b>( \$ ) 950.00</b>									

<b>SUBMITTED BY</b> (Complete if applicable)					
Name (Printed/Type)	Signature		Registration No. (Attorney Agent)	Telephone	(212) 733-6031
Pamela C. Ancona			41,494		

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.